

The "Public Event License" is for applicants who do not meet the established criteria for a "Special Event License" or a "Charitable Alcoholic Beverage License."

"Public event" means any event that can be attended by the general public.

A <u>one-time public event license</u> shall authorize the holder thereof: to sell and distribute mixed beverages for consumption on the premises for which the license has been issued. For purposes of this paragraph, an event shall not exceed a period of three (3) consecutive days. A public event license shall only be issued in counties of this state where the sale of alcoholic beverages by the individual drink for on-premises consumption has been authorized. The holder of a public event license shall provide written notice to the ABLE Commission of each public event not less than ten (10) days before the event is held. A public event license shall not be used in lieu of a mixed beverage license.

An <u>annual public event license</u> shall authorize the holder thereof: to sell and distribute mixed beverages for consumption on the premises for which the license has been issued for up to six events to be held over a period not to exceed one (1) calendar year. For purposes of this paragraph, an event shall not exceed a period of three (3) consecutive days. An annual public event license shall only be issued in counties of this state where the sale of alcoholic beverages by the individual drink for on-premises consumption has been authorized. The holder of an annual public event license shall provide written notice to the ABLE Commission of each promoted public event not less than ten (10) days before the event is held. A public event license shall not be used in lieu of a mixed beverage license.

Requirements for Public Event License (1 event) and Annual Public Event License (6 events).

Applicant can apply as an Individual, Partnership, Limited Partnership, Corporation, or Limited Liability Corporation.

Applicant(s) must be 21 years old.

Applicant(s) cannot be convicted of a Felony.

Applicant shall complete an application in its entirety.

Applicant shall submit the initial application to the ABLE Commission at least sixty (60) days prior to the first (1st) event. Once licensed, "Annual Public Event" licensees shall notify the ABLE Commission at least ten (10) business days in advance of subsequent events.

The License Fee for "One-time Public Event License" is \$255.00. Fees are due upon submission of the application and are refundable upon written request if the application is withdrawn or denied.

The License Fee for "Annual Public Event License" is \$1,005.00 plus a \$25.00 surcharge. Fees are due upon submission of the application and are refundable upon written request if the application is withdrawn or denied.

The holder of an "Annual Public Event License" which carries over their remaining alcohol inventory from one event to the next is required to obtain a "Storage License" from the ABLE Commission.

All Managers and all Employees of the licensee who participate in any activity related to alcoholic beverages shall obtain an "Employee License" from the ABLE Commission. Any person who represents an organization, which has contracted with a licensee to hold an event, shall obtain an "Employee License" if they participate in activities related to alcoholic beverages.

All wine, strong beer, and alcoholic beverages shall be purchased from a licensed wholesaler or licensed Oklahoma Winery.

Either posting of a bond or a "Mixed Beverage Tax Permit" is required from the Oklahoma Tax Commission prior to the issuance of the ABLE Commission license. Contact Will at (405) 521-4647 or Beverly at (405) 522-4786.

Applicant shall furnish a Deed, rental agreement, or lease from the property owner or an authorization letter from the City, County, or Tribal Authority which controls the property on which the event will be held. A City, County, or Tribal Authority license or permit for the event will be recognized in lieu of an authorization letter.

Applicant shall furnish a drawing/diagram of the proposed building or property where the event will be located. Drawing/Diagram shall include boundaries and all alcoholic beverage service points.

Applicant shall furnish proof of liability insurance covering both bodily injury and property damage.

Additional licenses or permits (Occupational Tax) shall be obtained from the City Licensing Official if the event is held in a municipality or from the County Board of Commissioners (Licensing Official) if the event is located outside of a municipality.



OKLAHOMA ALCOHOLIC BEVERAGE LAWS ENFORCEMENT COMMISSION APPLICATION CHECKLIST FOR PUBLIC EVENT LICENSES

Note the following:

O.S. § 21 Ch. 14 Sec 463

Offering False or Forged Instruments for Recordation

Any person who knowingly procures or offers any false or forged instrument to be filed, registered, or recorded in any public office within this state, which instrument, if genuine, might be filed or registered or recorded under any law of this state or of the United States, shall be guilty of felony.

GENERAL APPLICATION INSTRUCTIONS:

Complete and submit all items listed in section one (I), section two (II) and applicable items in section three (III) of the checklist. The requested items are required as part of the application. All documents must be legible and entirely complete. Applicant may be an Individual, Partnership, Limited Partnership, Corporation, or Limited Liability Corporation. Each involved person shall sign documents themselves. A manager or corporate officer may sign on behalf of the business entity.

MAIL or DELIVER APPLICATION AND PAYMENT TO:

Oklahoma ABLE Commission 50 NE 23rd Street Oklahoma City, Oklahoma 73105

QUESTIONS CONCERNING YOUR APPLICATION OR THE PROCESS SHOULD BE DIRECTED TO:

Licensing Division (405) 521-3484 - Office (405) 521-6578 - Fax

OKLAHOMA ALCOHOLIC BEVERAGE LAWS ENFORCEMENT COMMISSION

I. APPLICATION PACKET TO BE COMPLETED BY APPLICANT Page 1. Complete the top of the page. The name of the Applicant is the Individual, partners in a Partnership, partners in a Limited Partnership, Corporation name, or Limited Liability Corporation name. (Not the name of the event). The DBA is the name of the business (Not the name of the event). Mark the license for which you are applying. Only one license per application may be checked. Complete and sign the Oath and have signature notarized. Check the type of license for which you are 2. Page 2. applying for and answer all remaining questions. Page 3. Complete only the Main Purpose Affidavit, sign and date. Page 4a. List only the Individual applicants name, names of partners in a Partnership, names of partners in a Limited Partnership, name of Corporation, or name of Limited Liability Corporation. Complete the rest of the page with the businesses information (Not the Event). Be sure to provide a dependable Contact Person and valid telephone numbers in which the person can be reached at ANYTIME. List a valid email address for the Contact 5. Page 4b. Person (Do Not list a general email that is not checked routinely by decision making management personnel). Individual applicant, partners in a Partnership, partners in a Limited Partnership, a Corporate Officer, or a Limited Liability Corporation Manager must sign this page. Pages 5, 6a, 6b, 7a, 7b, 8, and 9. All Individual applicants, partners in a Partnership, partners in a 6. Limited Partnership, Corporate Officers, Corporate Directors, Corporate Stockholders (who own 15% or more shares), and Limited Liability Corporation Managers are required to each complete these pages separately (including answering all questions, signatures and notarization in proper places). Page 10a. Completed only by a Corporation. Name of ____7. Applicant is the Corporation. DBA is the name of the business (Not the Corporation name or name of the Event). List the name of the Event and all information related to the Corporate Officers, Directors, Trustees, Executive Committee members. Complete Stockholder information, Stock

Share information, and Service Agent if applicable.

9. Page 11a & 11b. Completed only by a Limited Liability Corporation. Name of Applicant is the Limited Liability Corporation. DBA is the name of the business (Not the Limited Liability Corporation name or name of the Event). List the name of the Event and all information related to the Limited Liability Corporations Managers and Company If applicable complete the Resident Agent information. Draw or attach a diagram of the proposed 10. Page 12. premises (location). If the premises are not located inside of a building or structure, submit a drawing or diagram of the proposed area (i.e. park, vacant land, city street, etc.). The drawing/diagram should not only establish boundaries, but should include dimensions, rooms, doorways, bars, and any area where alcoholic beverages will be temporarily stored. 11. To be completed by all Individual applicants, partners in a Partnership, partners in a Limited Partnership, Corporations or Limited Liability Corporations. 12. Page 14a & 14b. Applicant shall complete the Page 14a and 14b, it must be signed and approved by the City Licensing Official, Board of County Commissioners (Licensing Official) or Tribal Administration. Page 14b shall also be signed and approved by the City Police Chief, County Sheriff, Tribal Police Chief, or their Authorized Representative. Note: The City or County may require payment of an Occupational Tax before approval is given. DOCUMENTATION REQUIRED TO BE SUBMITTED BY APPLICANT 1. Statement of Financing: Written verification of the funding used to finance the proposed event(s). 2. Applicant shall furnish a Deed, rental agreement, or lease from the property owner or an authorization letter from the City, County, or Tribal Authority which controls the property on which the event will be held. A City, County, or Tribal Authority license or permit for the event will be recognized in lieu of an authorization letter. 3. Tax Statement: Statement or Receipt proving payment of ad valorem taxes, including real and personal, on ANY property owned in the state and from the county where the premises to be licensed is located, stating no taxes are owed. Statement(s) or Receipt(s) shall be in the name of the Individual applicant, each partner in a Partnership, each partner in a Limited Partnership, the Corporation, or the Limited Liability Corporation. Statement(s) or Receipt(s) cannot be over sixty days old.

4•	of Liability Insurance: Applicant must provide Proof of Liability Insurance covering both bodily injury and property damage.
5.	License Fee: Enclose a personal check, business check, cashier's check, or money order in the correct amount with the application. Checks should be made payable to: The Oklahoma ABLE Commission. Fee amounts are listed previously in the Application Checklist.
6.	<u>Copies:</u> Applicant shall submit the Original, Complete application along with all required supporting documents and <u>ONE (1) ADDITIONAL COPY OF ALL.</u>
7.	Other: Applicant(s) may be asked to provide additional documentation and/or participate in interviews related to your application to determine your suitability to hold a liquor license.
8.	Oklahoma Tax Commission: No license shall be issued prior to the applicant furnishing proof that a Bond has been posted or a "Mixed Beverage Tax Permit" has been obtained from the Oklahoma Tax Commission.
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The filing of this application does not commit the Commission to the granting of the license that you are applying for, nor does it permit you to operate the proposed event prior to the granting and issuance of a license.

NAME OF APPLICANT	·
DOING BUSINESS NAME	
APPLICATION TYPE: (Check One)	
One-Time Public Event License []	
Annual Public Event License []	
OATH State of Oklahoma) County of)	
oath deposes and says: That he/she is the apprent the above and foregoing application; that he/signed the same, knows the contents thereof statements therein contained are true. Applications that the statements and representations made herein are found to be false or omitted, that refuse to issue said license, may cause such revoked forwith at any time, and may init investigation related to the license.	she has read and fand that the cant(s) certifies rein are true and representations the Director may have been seen to be
Signature of Applicant(s) Subscribed in my presence and sworn to before me Day of, 20	this
My Commission Expires: Notary Public	

OKLAHOMA ALCOHOLIC BEVERAGE LAWS ENFORCEMENT COMMISSION OFFICE USE ONLY

License	Type	Effective	Date
License	Fee	Expiratio	n Date
	PUBLIC EVENT LICENS (Check Public Event []	k Type of Licen	se)
NAME OF	EVENT:		
PHYSICAL	ADDRESS OF EVENT:		
Street _		S	uite
City	Co	ounty	
Is withi	n the City Limits?	Yes	No.
District	BUILDING or AREA (:	Center, etc.):	
	ATE(S) (cannot excee		
		e from 10:00 am	to 02:00 am, Sunda :

Note: Events shall only be authorized in counties that have voted to allow liquor-by-the-drink sales.

STATEMENT OF MAIN PURPOSE AFFIDAVIT

type of event or sale which	certify that the main purpose of is being requested is: (State the will produce the majority of the show, gala, fair, holiday party,
Signature	 Date
DO NOT WRITE IN THIS SECTION	ON - CITY/COUNTY/TRIBAL USE ONLY
mailed to you for recommendate applicant should be issued a lands, by the Oklahoma ABLE	Section 517, this notice is being ations as to whether or not this license in your city/county/tribal Commission. You have twenty (20) mplete the following and submit a o:
Attn: Lic 50 NE	ABLE Commission ensing Division 23rd Street cy, Oklahoma 73105
GRANT DENY Reason	n for Denial
X	
Signature of Police Chief, Sheriff,	Tribal Police Chief or Designee
Subscribed and sworn to before 20	e me this,
My Commission Expires:	Notary Public

1.	Names(s) of Individual Applicant, Part Liability Corporation (LLC), or Corpor Security Number(s) or Federal Identifi	atio	on (include Social
	_		
	•		
	•		
	•		
	•		
2.	License to be issued to: (Check One)		
	[] Individual [] Limited Part	ners	ship
	[] Partnership [] Corporation		
	[] Limited Liability Corporation		
3.	Doing Business as (DBA) name		
4.	Business (Physical) Address:		
Stree	et		_Suite
City	State	Zip	Code
5.	Business (Mailing) Address:		
Stree	et/P.O. Box		_Suite
City	State	Zip	Code
6.	Contact Person:		
Telep	phone Contact Number: 1		
	_		

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Contact Pe	erson – Email Ad	ldress:		
	OF APPLICANT(S) Corporation, or			Limited
•			-	
•			_	

IMPORTANT NOTE:

"Annual Public Event License" holders shall notify the ABLE Commission and submit the following new and updated Application pages for each subsequent event: SUB-Page 1, SUB-Page 2, SUB-Page 3, SUB-Page 4a and 4b, and a Deed, rental agreement, lease from the property owner ororauthorization from the letter City, County, orAuthority which controls the property on which the event will A City, County, or Tribal Authority license permit for the event will be recognized in lieu of an Subsequent Event authorization letter. documents may obtained from the ABLE Commission or found on-line on the ABLE Commission web page. Documents shall be submitted at least ten (10) Business days in advance of each subsequent event after the initial license is issued. Failure to comply will result in the licensing of your event being denied. addition, licensee shall notify the Commission within 30 days any Corporate Officer changes, new LLC members, Partnership changes.

CONFIDENTAL DISCLOSURE

I,	, (Please Print) hereby authorize any
person or organ	ization listed in this application to provide
	at me, my partnership, corporation, or Limited
Liability Corpor	cation to an Agent of the State of Oklahoma,
Alcoholic Bever	age Laws Enforcement (ABLE) Commission, on a
	sis, to include bank and financial records,
	records, driving records, tax records and any
	n relating to my character or fitness to hold a
license issued b	y the ABLE Commission.
_	
A ⁻	uthorized Signature of Applicant
_	
T	itle
_	
	2+2
	ate
	worn to before me this day of,
20	
My Commission Ex	pires: Notary Public

PAGE 6a

ALL BLANKS MUST BE COMPLETED. PLEASE PRINT. IF THE QUESTION DOES NOT APPLY, PLACE N/A (NOT APPLICABLE) IN THE SPACE.

(i.e. Maiden, Nickname, etc.) Address (Number & Street) (City) (State) (Zip) (SSN) (Date of Birth) (Age) (Drivers License Number) (State of Issue) (Place of Birth - City, County, State, Country) Height Weight Hair Color Eye Color Sex: Male or Female Name of Spouse (Last) (First) (Middle) Spouses Employer Is Spouse Licensed by ABLE Commission? Yes (Home Phone) (Business Phone) (Cell Phone) U.S. Citizen, Yes No. If "No," Registration Number If Naturalized	Other Names Used (i.e. Maiden, Nickname, etc.) Address (Number & Street) (City) (State) (Zip) (SSN) (Date of Birth) (Age) (Drivers License Number) (State of Issue) (Place of Birth - City, County, State, Country) Height Weight Hair Color Eye Color Sex: Male or Female Name of Spouse (Last) (First) (Middle) Spouses Employer
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Number If Naturalized	
	If Naturalized
(When and Where)	(When and Where)

CRIMINAL RECORD

Note: A check of your criminal history will be conducted as a normal part of the application process. The accurate

as	formation that you provided in questions 1 thru 14 can sist the investigator in eliminating erroneous negative ndings and may prevent your application from being held up.
•	Have you ever been convicted of, pled guilty to, or nolo contendre to a felony? Yes No.
•	Have you been convicted of any misdemeanor crime, not including minor traffic offenses? Yes No.
•	Do you have any Criminal Charges against you pending at this time? Yes No.
•	Have you been convicted of a Municipal, State, or Federal crime relating to alcoholic beverages, or forfeited any bond while such charge was pending against you? Yes No.
•	IF YOU ANSWERED "YES" TO ANY ONE OR COMBINATION OF A THRU D, LIST BELOW:
	OFFENSE DATE LOCATION DISPOSITION
	(Attach additional sheets and any supporting documentation

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if necessary)

APPLICANT AFFIDAVIT

oath depose and say: that I am the applicant for a liquor license under the Oklahoma Alcoholic Beverage Control Act. I do hereby swear or affirm that I have read and do understand the current laws of the State of Oklahoma and the Rules and Regulations of the Alcoholic Beverage Laws Enforcement Commission, which pertain to the type of license for which I have made application. I further agree that if I am granted such license, I shall continue to familiarize myself with such laws, rules, and regulations, and any amendments and/or additions thereto.

I further agree that if at any time I have employees working for me under my license, I will insure that they familiarize themselves with the aforementioned laws, rules, and regulations.

I declare that I am a person who neither appoints or is a law enforcement official, nor am I a peace officer engaging in law enforcement activities.

I declare that I am not related to any member of the ABLE Commission or to the Director or Assistant Director by affinity or consanguinity within the third degree, nor am I an employee of the ABLE Commission or of the Director.

I declare that I am not a judge, district attorney, or public official who sits in a judicial capacity with jurisdiction over the Alcoholic Beverage Control Act.

I declare that I am not an employee of the Oklahoma Tax Commission engaging in auditing, enforcing, or collecting of alcoholic beverage taxes.

Continued on Page 7b

OKLAHOMA ALCOHOLIC BEVERAGE LAWS ENFORCEMENT COMMISSION APPLICANT AFFIDAVIT Continued

I hereby declare that I will not volunited States of America, laws of ordinances of any City/County in whole located for conducting the business	the State of Oklahoma, or nich the licensed premises	the are
(Signature of Applicant)	Date	
State of Oklahoma)		
County of)		
Subscribed and sworn before me this	day of	
,20		
(My Commission Expires:)		
(Notary Public)		

The following questions refer to activity in the liquor industry in Oklahoma or any other state. 1. Are you presently or have you been licensed or employed in the liquor business? Yes____ No___ License Type____ License Number___ Location Have you ever received a warning, a notice of violation, suspension, fine, or 2. revocation as a licensee? Yes No When Location 3. Have you ever been refused a license to sell, serve, or dispense alcoholic beverages? Yes No When Location Have you ever held or do you hold any financial interest in any liquor 4. enterprise (manufacturing, importing, wholesale, or retail)? Yes No When Location 5. Do you owe money to any manufacturer or distributor of wine, beer, or distilled spirits on account of cash or credit advanced? Yes___No___When___To Whom ?____ Is your spouse or any family member(s) working in any area of the liquor 6. industry? Yes No For Whom ? 7. Have you ever held, as an Oklahoma resident, any federal liquor stamp prior to the adoption of Article XXVII of the Oklahoma Constitution? Yes No When Are you related to any member of the Oklahoma Alcoholic Beverage Laws 8. Enforcement (ABLE) Commission, the Director, or Assistant Director by affinity or consanguinity within the third degree? Yes No If "Yes" give name and relationship:_____ 9. Are you a member of any board or commission, or an agent or an employee of the State of Oklahoma or any political subdivision (County, City, Town, or School District) thereof? Yes No If "Yes" explain

Signature of Applicant

Date

TIED HOUSE DISCLOSURE

	BE ANSWERED IF APPLICATION IS FOR ANY LICENSE OTHER THAN A MANUFACTURER OR WHOLESALER.
1	Has the person/business entity to be licensed been financed with money or property by a manufacturer of or wholesale dealer in alcoholic beverages?
У	YesNo If "Yes,"explain
2	2. Do you, individually, or the business entity to be licensed, have any right, title, lien, claim, or other interest, financial, or otherwise, in, upon, or to the event location, equipment, business, or merchandise of any manufacturer of or wholesale dealer in alcoholic beverages?
Y	YesNo If "Yes,"explain
3	B. Does your interest result in exercise of control over, or participation in the management of the manufacturers or wholesaler's business or business decisions?
У	/esNo If "Yes,"explain
Commission is contempt partnershi	mmediately notify the Oklahoma Alcoholic Beverage Laws Enforcement if a LICENSEE-WHOLESALER connection as described above exists or plated in my business. (This notification extends to individuals, ps, limited liability company managers, corporate officers, and substantial stockholders.)

Signature of Applicant

Date

OKLAHOMA ALCOHOLIC BEVERAGE LAWS ENFORCEMENT COMMISSION CORPORATE QUESTIONAIRRE

(TO BE COMPLETED BY CORPORATIONS ONLY)

	,			,
APPLICAN'	T NAME			
DOING BU	SINESS AS			
NAME OF I				
ATTACH AI	DDITIONAL			
Corporate	e Officer	`s:		
Title	Name		SSN	Address
Board of	Director	s/Truste	es/Execu	ative Committee:
Name		SSN		

OKLAHOMA ALCOHOLIC BEVERAGE LAWS ENFORCEMENT COMMISSION CORPORATE QUESTIONAIRRE Continued

Stockholders:					
Name	SSN	Address		Shares	Number of
Total shares as issued		_	num un-issued _		
Service Agent (if					
Address(Street)		(City)	(State)	(7in Code	
Signature o				Date	

OKLAHOMA ALCOHOLIC BEVERAGE LAWS ENFORCEMENT COMMISSION LIMITED LIABILITY CORPORATION QUESTIONAIRRE

(TO BE COMPLE	ETED BY	LIMITED	LIABILITY	CORPORATIONS	ONLY)
APPLICANT NAME					
DOING BUSINESS AS					
NAME OF EVENT					
ATTACH ADDITIONAL	PAGES	IF NEEDE	D		
Limited Liability	Corpor	ation Ma	nagers:		
Title Name		SSN	Address		
					<u>_</u>
			-		
Limited Liability					
Name	SSN	Addres	S		

OKLAHOMA ALCOHOLIC BEVERAGE LAWS ENFORCEMENT COMMISSION LIMITED LIABILITY CORPORATION QUESTIONAIRRE Continued . . .

Name	SSN	Address			
	-				
Resident Agent (if	applicable)_				
Address					
(Street)	(Cit	у)	(State)	(Zip Code)	
Signature of	LLC Manager		Date		

	OK.	LAHC	MA	ALC	COHO	ЭГТ	CE	3Ľ V	EKA	AGE	LP	WS	ENF	ORC	EME	ZN.T.	CON	IMIS	STO	N	
Draw premi or di The d dimen will	ses agra rawi	are m of ng/c	not th liag: room	loo e p ram .s,	cate ropo sho doo	ed i osed ould rwa	nsi lar lno ys,	de cea ot	of (i. only	a l .e. y es	ouil par stak	din k, olis	g or vaca h bo	st int ound	ruct land arie	ture d, d	e, su city but	ubmit stre shou	a eet, ild	drawi etc. inclu	ng) . de

Signature of Applicant Date

FINANCIAL INFORMATION

(To be completed by Individual applicants, partners in a Partnership, partners in a Limited Partnership, Corporations or Limited Liability Corporations.)

	Last Years total income \$	
	Source	_•
	Are you a co-signer on any loan(s), notes, or controlled to the funding or financial support of aforementioned "Event?" Yes No. "Yes,"explain:	the
•	Have you any judgements, lawsuits, liens, or tax warrafiled against you? Yes No. If "Yes,"explain.	
•	List ALL Accounts at Financial Institutions, which confunds or will contain funds related to the purchase sales of everything related to the aforementioned Event future events (if application is for an Annual Public Edicense):	and or
	Financial Institution:	
	Address:	
	Account Number:	
	Account Signer(s) Name	
	Financial Institution: Address:	
	Account Number:	
	Account Signer(s)Name	
	Signature of Applicant Date	

OKLAHOMA ALCOHOLIC BEVERAGE LAWS ENFORCEMENT COMMISSION Public Event Application

CITY/COUNTY/TRIBAL NOTIFICATION

NAME	OF EVE	NT:						
PHYSI	CAL AD	DRESS OF EVEN	IT:					
Stree	et				Su	ite		
City			County					
Is wi	thin t	he City Limit	s?	Yes		No.		
		LDING or AREA Civic Center,		lafer	Park,	Bricktown	, Plaza	District
EVENT	DATE (S) (cannot ex	ceed 3 c	consec	cutive	days):		
are r <i>Note:</i>	restric Event	s (can only setted in certains shall only or-by-the-drivers)	n counti be autho	.es): orize				
1.	Names Corpo	(s) of Indivionation (LLC), r(s) or Federa	dual App. or Corpo al Ident:	lican orati ifica	on (ir tion N	nclude Soci Number):	al Secu	
	•							_
	•							_
2.	Licen	se to be issu	ed to: (Check	One)			
	[]	Individual		[]	Limited Par	rtnersh	ip
	[]	Partnership			[]	Corporatio	n	
		[] Limi	ted Liab	oility	/ Corp	oration		

3.	Doing Business as (DBA) name		
4.	Business (Physical) Address:		
City	State	Zip Code	
5.	Business (Mailing) Address:		
Stre	et/P.O. Box	Suite	
Stre	et	Suite	
City	State	Zip Code	
6.	Contact Person:		
	phone Contact Number: 1		
	CITY/COUNTY/TF	IBAL USE ONLY	
THIS O	THIS SECTION MUST BE COMPLETED BY THE POL AUTHORIZED REPRESENTATIVE, WHICH EVER HA FFICE RECOMMENDS THAT THIS APPLICATION BE	S JURISDICTION OVER THE EVENT LOCA	ATION.
IF RECO	OMMENDATION IS TO DENY, PLEASE DESCRIBE GRO	OUNDS:	
			
		·	
Author	rized Signature Date	e	
В.	THIS SECTION MUST BE COMPLETED BY THE CITY COMISSIONERS (LICENSING OFFICIAL), TRIBAL AE REPRESENTATIVE, WHICH EVER HAS JURISDICTIC	MINISTRATION OR THEIR AUTHORIZEI	
THIS O	FFICE RECOMMENDS THAT THIS APPLICATION BE] GRANTED [] DENIED (Check O	ne)
IF RECO	OMMENDATION IS TO DENY, PLEASE DESCRIBE GRO	DUNDS:	